04/23/2007 11:42 FAX 3.005741473 APR 2 3 2007

### PART B - FEE(S) TRANSMITTAL

Complete and sandstiffform, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)

47470 PDL BIOPHARMA, INC. 34801 CAMPUS DRIVE FREMONT, CA 94555 Note: A certificate of mailing can only be used for domestic mailings of the Fec(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Linda Pete		(Depositor's name)
Londo	Pete	(Signature)
April 23, 2007		(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/774,076	02/06/2004	Nicholas F. Landolfi	161 US UT01	7347

TITLE OF INVENTION:

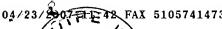
APPLN. TYPE	SMALL ENTITY	ISSUB FEE DUE	PUBLICATION FEE DUB	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUB
nonprovisional	No	\$1400	\$300	\$0/24/200	1 HES\$1703.009000	37 503205007/200774076
EXAM	UNER	ART UNIT	CLASS-SUBCLASS	01 FC:1501 02 FC:1504		
				03 FC:8001	3.89 na	1
<ol> <li>Change of correspond CFR 1.363).</li> </ol>	ence address or indication	n of "Fee Address" (37	2. For printing on the pa	atent front page, list		
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.		inge of Correspondence	(1) the names of up to 3 registered patent attorneys  or agents OR, alternatively,			
The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or typ	De)		
			data will appear on the part of the part o		entified below, the docu	ment has been filed for
(A) NAME OF ASSI PDL BIOPHARMA, II	GNEE			and STATE OR COUNT		
Please check the appropr	iate assignee category or	categories (will not be or	inted on the patent):	Individual V Cornecti	on or other arisets mass	
			sited on the patenty.	individual Corporati	on or onici private group	and Government
4a. The following fee(s)	are submitted:	41	Payment of Fee(s): (Plea	se first reapply any prev	iously paid issue fee she	wn above)
<ul> <li>✓ Issue Fee</li> <li>✓ Publication Fee (No small entity discount permitted)</li> </ul>			A check is enclosed.			
Advance Order - # of Copies _1 (\$3.00)		☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number				
	, tr copies <u>-1 (33.001</u>		overpayment, to Depos	sit Account Number5	0-3270 (enclose an e	xtra copy of this form).
5. Change in Entity Sta						
	s SMALL ENTITY state		D b. Applicant is no long	er claiming SMALL ENT	TTY status. See 37 CFR	1.27(g)(2).
NOTE: The Issue Fee an interest as shown by the	d Publication Fee (if requeecords of the United Sta	uired) will not be accepted tes Patent and Trademark	from anyone other than the Office.	ne applicant; a registered a	ttorney or agent; or the a	ssignee or other party in
Authorized Signature	Susan	Harloches		Date April 23, 2007		
Typed or printed name				Registration No. 59.		
This collection of inform an application. Confident submitting the completed this form and/or suggesti Box 1450, Alexandria, V Alexandria, Virginia 223	ation is required by 37 C tiality is governed by 35 is application form to the ons for reducing this but irginia 22313-1450. DC 13-1450.	FR 1.311. The information U.S.C. 122 and 37 CFR USPTO. Time will vary den, should be sent to the NOT SEND FEES OR CO.	n is required to obtain or re 1.14. This collection is esti depending upon the indivi- Chief Information Office COMPLETED FORMS TO	etain a benefit by the publi- mated to take 12 minutes idual case. Any comments r, U.S. Patent and Tradem of THIS ADDRESS. SEND	ic which is to file (and by to complete, including g on the amount of time ark Office, U.S. Departn TO: Commissioner for	the USPTO to process) albering, preparing, and you require to complete nent of Commerce, P.O. Patents, P.O. Box 1450,

PTOL-85 (Rev. 07/06) Approved for use through 04/30/2007.

OMB 0651-0033

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.



FAX 5105741473 571/273-2885 Mail Stop Issue Fee

Atty Docket No 161 US UT01

## OFFICIAL COMMUNICATION FOR THE ATTENTION OF

# THE U.S. PATENT AND TRADEMARK OFFICE

#### CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following documents in re Application of Landolfi et al., Application No. 10/774,076, filed February 6, 2004 for AMPHIREGULIN ANTIBODIES AND THEIR USE TO TREAT CANCER AND PSORIASIS are being facsimile transmitted to the United States Patent and Trademark Office, on the date shown below.

### Documents Attached

- 1. Part B Fee Transmittal Form PT0L-85 (1 page)
- 2. PTO/SB47 Fee Address Indication Form (1 page)

Number of pages being transmitted, including this page 3

Dated: April 23, 2007\_

PLEASE CONFIRM RECEIPT OF THIS PAPER BY RETURN FACSIMILE AT (510) 574-1473

PDL BIOPHARMA, INC. Legal Department 34801 Campus Drive Fremont, CA 94555

Telephone: 510/574-1400 Customer No.: 47470